

| POSITION                  | INITIALS | ID NO.      | DATE     |
|---------------------------|----------|-------------|----------|
| FEE DETERMINATION         |          |             |          |
| O.I.P.E. CLASSIFIER       |          |             |          |
| FORMALITY REVIEW          | T. A     | J. C. H. Y. | 02/03/02 |
| RESPONSE FORMALITY REVIEW | 12       | 530         | 12/06/02 |
|                           | 12A      | 530         | 03-05-02 |
|                           |          |             | 05-22-02 |
|                           |          |             | 12-31-02 |

# INDEX OF CLAIMS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral).... Canceled
- ÷ ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

830  
12/07  
832  
01/04/02